

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-029385

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2009

FILED AUG 2 1962

VS 300
Rev. 4/59

1 4605
2 220

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9 9156.2

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12 46.0

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46

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside the Township, give town) <u>RICHLAND HEIGHTS ST. LOUIS CO.</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>2501 GLASGOW</u>	
3. NAME OF DECEASED (Type or print) First <u>ROSARIO</u> Middle <u>CARRABINO</u> Last		4. DATE OF DEATH Month <u>JULY</u> Day <u>3</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 4 1929</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RESTAURANTEUR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (City and state or country) <u>ITALY</u>
13a. FATHER'S NAME <u>JOHN CARRABINO</u>		13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE RAMACCHI</u>	14. NAME OF HUSBAND OR WIFE <u>SYLVIA CARRABINO</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>SYLVIA CARRABINO ROUTE 12 BOX 17</u> Address <u>KIRKWOOD MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma of Lungs</u> DUE TO (b) <u>Primary Site?</u> DUE TO (c) <u>Primary Site?</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 1962</u> to <u>present</u> and last saw him alive on <u>July 3, 1962</u> Death occurred at <u>3:20 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Of decedent or title) <u>Richard L. Stuekel MD</u>		22b. ADDRESS <u>634 No. Grand</u>	
22c. DATE SIGNED <u>7-5-62</u>		23. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>	
23a. FUNERAL DIRECTOR <u>Thomas Kuttia</u>		23b. DATE <u>July 7 1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>		23d. DATE RECD. BY LOCAL REG. <u>7-7-62</u>	
24. FUNERAL DIRECTOR ADDRESS <u>2906 Grandia</u>		26. REGISTRAR'S SIGNATURE <u>John E. Murphy MD</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed, Carol Thompson, Jr.

Licensed Embalmer No. 4861

P. O. Address Blayne 5, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.